



ALL INDIA INSTITUTE OF NURSERY TEACHER TRAINING

Established By The State Legislature Act 28 Of 2015

Ministry Of HRD Govt. Of India

Vikash Puri New Delhi - 110018

Examination Form

Form No. _____

Center Code _____

1. Roll No. _____ Examination Session : _____
2. Reg. No. _____ D.O.B _____
3. Programme/Course _____
4. Name of the Candidate _____
5. Father's Name _____
6. Mother's Name _____ Contact No. _____
7. Fill Appear Exam Paper :



Paper & Code

Paper Name	Code

Paper Name	Code

Total Fees : Rs _____ Receipt No. _____ Date: _____

Signature of the Applicant

Signature & Stamp of Institute
(Director/ Head)

Receipt copy

Form No.	Total Fees
Roll No.	Paper Code
Reg No.	Admit issue Date
Name	

Signature & Stamp of Institute
(Director/ Head)